

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

10/519070

1. Date of Request: _____

2. Serial/Patent # _____

3. Please refund the following fee(s):

4. PAPER
NUMBER5. DATE
FILED

6. AMOUNT

Filing

Amendment

Extension of Time

Notice of Appeal/Appeal

Petition

Issue

Cert of Correction/Terminal Disc.

Maintenance

Assignment

Other

DEPOSIT ACCOUNT NO.

19

0134

FEE
CODEVALUE
FORWARDED

1632

500

1615

700

1643

700

1615

350

1614

200

1615

350

7. TOTAL AMOUNT
OF REFUND

\$

8. TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9

10. REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11. REFUND REQUESTED BY:

Winston M. Marks

TYPED/PRINTED NAME:

National Stage Processing

TITLE:

SIGNATURE:

Patent Specialist

PHONE:

(703) 305-6421

OFFICE:

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: